

**Customer Service
Tax & License Registration**
Office location - 7447 E. Indian School Road, Suite 110
Scottsdale, Az. 85251
or
9379 E. San Salvador Dr., Suite 100
Scottsdale, AZ 85258
Telephone - (480) 312-2400
Fax - (480) 312-4806



NO FEE

ALARM USER PERMIT UPDATE FORM

ALARM PERMIT IS NON-TRANSFERABLE PERSON TO PERSON OR LOCATION TO LOCATION

Section I Office Use Only

Alarm Permit # _____ Date Completed & Initial _____

Section II Alarm User Name, Address, and Telephone Numbers

ALARM PERMIT # _____

ALARM USER'S NAME _____

ALARM USER'S ADDRESS _____

(City, State and Zip Code)

ALARM USER'S MAILING
ADDRESS (if different) _____

(City, State and Zip Code)

ALARM LOCATION: _____ BUSINESS OR _____ RESIDENTIAL

ALARM USER'S PHONE # _____ EMERGENCY PHONE # _____

Section III Change as indicated

EFFECTIVE DATE OF CHANGE _____

NAME OF CURRENT ALARM COMPANY _____

ADDRESS OF CURRENT ALARM COMPANY _____

(City, State and Zip Code)

CURRENT ALARM COMPANY PHONE # _____

RESPONSIBLE PARTIES TO CONTACT IF ALARM USER IS NOT AVAILABLE

1. NAME _____ PHONE # _____

2. NAME _____ PHONE # _____

(AUTHORIZED SIGNATURE)

(DATE)